

POLICY AND PROCEDURE MANUAL BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES		
SUBJECT: Incident Reporting		CHAPTER:
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- g) “Endangered adult” - Set forth in IC 12-10-3-2.
- h) “Incident” - An event or occurrence characterized by risk or uncertainty resulting in, or having the potential to result in, significant harm or injury to an individual or death of an individual.
- i) “Medicaid waiver” - A specific source of funding that supports an individual in the community.
- j) “Provider” - a person or entity chosen by the individual and authorized by the funding source that is paid to support an agreed upon service or services at a specified time and place.

IV. **REFERENCE**

Not applicable

V. **EXHIBITS**

Exhibit: Directions for Web Based Incident Reporting Process

VI. **PROCEDURE**

RESPONSIBLE STAFF/PERSON

- A. Anyone with direct monitoring responsibilities including, but not limited to the following individuals:
Case Managers
BDDS Staff
Direct service providers
BQIS reviewers

ACTIONS

Identification of a Reportable Incident

1. As a result of any type of oversight or monitoring, an immediate determination is made as to whether there are any issues or concerns.
2. If no issues or concerns are identified, then the reviewer completes all required paperwork and documents the findings of the review in the individual’s record.
3. Any events or occurrences characterized by risk or uncertainly, resulting in or having the potential to result in significant harm or injury to an individual or death of an individual are to be reported using the BDDS Incident Report form
4. Within 24 hours all initial incident reports and follow up reports are sent to:
 - a) The BDDS District Office; and

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**RESPONSIBLE
STAFF/PERSON**

ACTIONS

- the Director of the provider agency, and others as needed, in order to discuss the identified issue and to direct the provider to develop a plan to address the issue or concern within two days.
- 3) The party responsible for follow-up completes an on-site review within seven days to determine if the incident has been resolved.
 - 4) If the incident is resolved and no further issues are identified, then the party responsible for follow-up completes the Follow-up BDDS Incident Report form and completes required documentation in the individual's case record.
 - 5) All follow-up reports are sent in accordance with Identification of a Reportable Incident 4 and 5, above.
 - 6) If the incident is not resolved within seven (7) days, then the party responsible for follow-up completes the needed follow-up report and continues to submit seven (7) day follow-up reports until the incident is resolved to the satisfaction of all parties.
- b) In the event that the individual can not continue to reside in the home:
- 1) The party responsible for follow-up must contact APS/CPS.
 - 2) The party responsible for follow-up must notify, as applicable, the individual's family/guardian, their supervisor, the BDDS local office and the BDDS Central Office, in order to develop a plan to relocate the individual who can no longer reside in the residence or to find an alternative provider of services.
 - 3) BDDS will collaborate with BQIS in investigating situations in which the individual can not reside in the home.
 - 4) The Follow-up BDDS Incident Report form is completed and sent in accordance with Identification of a Reportable Incident 4 and 5,

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**RESPONSIBLE
STAFF/PERSON**

ACTIONS

above and documentation is placed in the individual's record.

- c) BDDS will collaborate with BQIS in investigating any incident reports in which the health and safety of the individual or individuals continues to have the potential to result in significant harm or injury to the individual or death of an individual.

D. BDDS Central Office Staff

Review of Incidents

1. The designated BDDS central office staff reviews Initial and Follow-up Incident Report forms for appropriate completion and referral actions to be taken.
2. The designated BDDS central office staff generates needed reports for identification of follow-up needs, trend watching and making recommendations for systemic changes.
3. The designated BDDS central office staff refers incidents to APS/CPS, as needed.
4. The designated BDDS staff codes the medical condition and type of incident for all reports.
5. The designated BDDS staff generates 30-day follow-up letters to be sent to reporters, when follow-up is needed to resolve an incident.
6. The designated BDDS staff refers all incident reports relating to the death of an individual to the Mortality Review Committee.

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EXHIBIT 2

INSTRUCTIONS FOR COMPLETION OF THE BDDS INCIDENT REPORT

PURPOSE

To establish a mechanism for the reporting of any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual with a developmental disability or death of an individual.

FORMS

INCIDENT REPORT

This form is used to report any reportable incident. The narrative information is used to describe the incident, condition or injury (who, what, where, how and when) and what was observed or heard. It is also used to describe actions taken after the incident occurred.

FOLLOW-UP BDDS INCIDENT

This form is used by the party responsible for follow-up to describe the investigation into the incident or other follow-up actions. It is also to describe the systemic actions being taken to assure health and safety issues.

TIMELINES

Incident Report forms are to be completed within 24 hours of the occurrence being identified. Follow-up reports are to be submitted within 7 days and 7 days thereafter until resolved.

TRANSMITTAL

All Incident Reports and Follow-up reports are to be sent via the Internet at [URL deleted]. Incident Reports and Follow-up reports may also be e-mailed to BDDSIcidentReports@fssa.state.in.us.

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- 9) Any medical or psychiatric treatments/services (including emergency room visits) that resulted from events that had a potential for causing significant harm or injury or that require medical follow-up.
- 10) Admission to a nursing facility, including respite stays.
- 11) Injuries of unknown origin.
- 12) Significant injuries including but not limited to:
 - a) Injuries incurred while individual was restrained
 - b) Fractures
 - c) Burns greater than first degree
 - d) Choking
 - e) Large areas of contusions or lacerations
- 13) Medication errors. *Note: refusal to take medications does not constitute an error and does not require filing of an incident report but should be followed up by medical personnel and the interdisciplinary team to ensure that the health and safety of the individual is safeguarded. This information should also be documented in the individual's record.*
 - a) Wrong medication given that places an individual's health and safety in jeopardy as determined by the personal physician.
 - b) Wrong dose given that place the individual's health and safety in jeopardy as determined by the personal physician.
 - c) Missed medication that places the individual's health and safety in jeopardy as determined by the personal physician.
 - d) Medication given outside the prescribed administrative window that jeopardizes an individual's health and safety as determined by the personal physician.
- 14) Inadequate staff support **resulting in or having the potential to result in significant harm or injury to an individual or death of an individual.** This includes inadequate supervision by staff, even when staffing levels are appropriate.
- 15) Inadequate medical support, including but not limited to failure to obtain needed follow up medical appointments, failure to obtain routine or special dental or physician appointments, or failure to obtain medication refills in a timely manner.
- 16) Use of any PRN medication related to an individual's behavior.

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INCIDENT REPORT

NOTE – SECTIONS I – IV ARE TO BE COMPLETED BY THE REPORTING PERSON

Section I – Consumer Information (Subject #1)

This area provides information specific to the individual about which the reporter is concerned about or has an issue about the individual's care. This section can include multiple consumer names in the event that the related incident information is identical and entered into the Internet reporting system.

SSN	Enter the Social Security number of the individual		
NAME	Enter the last and first name of the individual		
ADDRESS	Enter the address, city, state and zip code where the individual resides		
DOB	Enter the date of birth of the individual		
COUNTY	Enter the name of the county in which the individual resides		
GENDER	Indicate (check the appropriate box) whether the individual is a male or female		
SERVICE TYPE	Indicate the type of services that the person is receiving: <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • SGL • SL • HHA • HHC • HAB./VOC • LP-ICF/MR • DD Waiver • A&D Waiver • Autism Waiver • Other Waiver • Nursing Home • Case Mgmt • School • SDC </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Supervised Group Living • Supported Living • Householder for Adults • Householder for Children • Habilitation or Vocational Services • Large Private Intermediate Care Facility for the Mentally Retarded • Developmental Disabled Waiver • Aged and Disabled Waiver • Autism Waiver • Any other type of waiver under which the individual may receive services • Nursing Home • Case Management Services • Education program • State Developmental Center </td> </tr> </table>	<ul style="list-style-type: none"> • SGL • SL • HHA • HHC • HAB./VOC • LP-ICF/MR • DD Waiver • A&D Waiver • Autism Waiver • Other Waiver • Nursing Home • Case Mgmt • School • SDC 	<ul style="list-style-type: none"> • Supervised Group Living • Supported Living • Householder for Adults • Householder for Children • Habilitation or Vocational Services • Large Private Intermediate Care Facility for the Mentally Retarded • Developmental Disabled Waiver • Aged and Disabled Waiver • Autism Waiver • Any other type of waiver under which the individual may receive services • Nursing Home • Case Management Services • Education program • State Developmental Center
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Section II - Associated Person (Subject #2)

This area provides information specific to the person who may have abused, neglected or exploited the person identified in the Section I, above. This section can include multiple entrees and multiple relationships when sending via the Internet.

SSN	Enter the Social Security number of the person (<i>optional</i>)
NAME	Enter the last and first name of the person
ADDRESS	Enter the address, city, state and zip code where the person resides
DOB	Enter the date of birth of the person
EMPLOYER	Enter the name of the person's employer
GENDER	Indicate (check the appropriate box) whether the person is a male or female
RELATIONSHIP TO SUBJECT	Indicate the type of relationship that the person has with the individual identified in the Section I, above <ul style="list-style-type: none"> • Acquaintance • Client, other • Co-worker • Employer • Family-Guardian • Housemate • Staff, Hab./Voc. • Staff, residential • Stranger • Other

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Section III - Reporting Person –Reporting Agency

This section identifies the person who is reporting the incident and the agency for which the person works, as applicable.

NAME	Enter the last and first name of the person
POSITION	Indicate the position of the person completing the form e.g. case manager, Service Coordinator, direct care staff, Residential Director, etc.
PHONE NUMBER	Enter the phone number and extension of the person completing the form.
DATE OF REPORT	Enter the date that the report is being made.
REPORTING AGENCY	Identify the agency employing the person completing the form has, as applicable. If the person is self-employed, enter “self”.
E-MAIL	Enter the e-mail address of the person completing the form.
INDIVIDUAL SUPERVISING AT TIME	Enter the name of the individual who was responsible for supervision at the time of the incident.
RESPONSIBLE SUP. PROVIDER	Enter the name of the provider who was responsible for supervision at the time of the incident.

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Approved by

Date Approved

Year	2002	2003	2004	2005	2006
Date Reviewed					
Reviewed By					